24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
NEA Advocacy Fund		C C00489815
		S control
Check if 24-hour report	Amends report filed of	on M M / D D / Y Y Y Y Y
Full Name of Payee Gail Gonzales		Date of Public Distribution/Dissemination
		10 14 2016
Mailing Address 313 Bordner Dr.		Amount
City State Zip	Code	293.49
	3705	Transaction ID : B632865 Date of Disbursement or Obligation
Purpose of Expenditure Literature	Category/ Type 004	10 14 2016
Name of Federal Candidate	✗ Support Office	Sought: House District:
Clinton, Hillary, , ,	Oppose x	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	Disbur 2016	sement For: Primary
Full Name of Payee National Education Association		Date of Public Distribution/Dissemination
National Education Association		10 / 14 / 2016
Mailing Address 1201 16th Street NW		Amount
City State Zip	o Code	952.50
	0036	Transaction ID : B632876 Date of Disbursement or Obligation
Purpose of Expenditure Canvass expenses	Category/ Type 004	10 14 2016
Name of Federal Candidate	✗ Support Office	Sought: House District:
Clinton, Hillary, , ,	Oppose x	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	Disbur 2016	rsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		1245.99
· · · · · · · · · · · · · · · · · · ·		1270.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized co party committee) any political party committee or its agent.		•
Edwards, Michael, , , [Electronicals	ly Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
IN	IEA Advocacy Fund	C C00489815
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
٦	Full Name of Payee	Date of Public Distribution/Dissemination
	Image Point	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 657	Amount
	City State Zip Code	329.15
	Waterloo IA 50704	Transaction ID : B632858 Date of Disbursement or Obligation
	Purpose of Expenditure Stickers Category/ Type 006	10 / 17 / 2016
	Name of Federal Candidate Support Office	Sought: House District:
	Clinton Hillary	President Senate State: US
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rrsement For: Primary General Other (specify) ▶
	Full Name of Payee Image Point	Date of Public Distribution/Dissemination
	Mailing Address PO Box 657	10 17 2016 Amount
	City State Zip Code	236.00
	Waterloo IA 50704	Transaction ID : B632859 Date of Disbursement or Obligation
	Purpose of Expenditure Visibility materials Category/ Type 006	10 17 2016
	Name of Federal Candidate Support Office	e Sought: House District:
		President Senate State: US
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	565.15
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Edwards, Michael, , , [Electronically Filed] Date 1	0 19 2016
_	Signature	

PAGE 2

OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 7 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
NEA Advocacy Fund	C C00489815			
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y H Y H Y H Y			
	of Public Distribution/Dissemination			
	10 17 2016			
Mailing Address PO Box 657 Amour	nt			
City State Zip Code	12983.37			
Date of	action ID : B632860 of Disbursement or Obligation			
Purpose of Expenditure Visibility materials Category/ Type 006	10 17 2016			
Name of Federal Candidate Support Office Sough	t: House District:			
Clinton, Hillary, , , Oppose Preside	ent Senate State: US			
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 On	t For: Primary ★ General			
	of Public Distribution/Dissemination			
	10 17 2016			
Mailing Address 624 Hebron Ave., Bldg 3 Amou	nt			
City State Zip Code	1175.00			
	ction ID : B632755 of Disbursement or Obligation			
Purpose of Expenditure Printing and shipping of handbill Category/ Type 004	10 17 / 2016			
Name of Federal Candidate X Support Office Sough	t: House District:			
Clinton, Hillary, , , Oppose Preside	ent Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought Disbursemen 2016 O	t For: Primary ★ General			
(a) SUBTOTAL of Itemized Independent Expenditures	14158.37			
(a) COSTOTAL OF ROMEOUT EXPONENTIAL COMMISSION OF THE CONTRACT	14136.37			
(b) SUBTOTAL of Unitemized Independent Expenditures	7			
(c) TOTAL Independent Expenditures	7 1 7 1 7			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Edwards, Michael, , , [Electronically Filed] Date 10	19 / 2016			

4/48 HOUR REPORT OF INDEP	ENDENI EXPEND	ITURES				
Schedule E)				PAG FOR	E 4 OF SE OF FORM 24	7 4/48
NAME OF COMMITTEE (In Full)				<u> </u>	FICATION NUMB	
NEA Advocacy Fund				C C004	89815	
Check if 24-hour report X 48-hour	Now you	art Amanda rand	art filed on	M = M / D	D / Y Y	Y Y
Check if 24-hour report 48-hour report	report X New rep	ort Amends repo	ort filed on			
Full Name of Payee Mission Control Inc.					ribution/Dissemina	
			[17 / 2016	
Mailing Address 624 Hebron Ave., Bldg 3	3		Amo	unt		
City	State	Zip Code	— r		1175.	.00
Glastonbury	СТ	06033		saction ID : Bo	632756 ent or Obligation	
Purpose of Expenditure Printing and shipping of handbill		Category/ Type 004		M = M / D	17 / Y Y 2010	
Name of Federal Candidate		✗ Support	Office Soug	ht: Ho	ouse District: _	
Clinton, Hillary, , ,		Oppose	x Presid	dent Se	nate State: _	ОН
Calendar Year-To-Date Per Election for Office Sought		58599.51	Disburseme	nt For: Other (specify)	,	ieneral
Full Name of Payee					ribution/Dissemina	ation
Mission Control Inc.					17 Y Y Y 2010	
Mailing Address 624 Hebron Ave., Bld	3		Amo			
City	State	Zip Code	$ \Gamma$		1175.	00
Glastonbury	CT	06033		saction ID : B6		00
Purpose of Expenditure Printing and shipping of handbill		Category/ Type 004		M = M / D		6
Name of Federal Candidate		✗ Support	Office Soug	ght: Ho	ouse District: _	
Clinton, Hillary, , ,		Oppose	X Presid	dent Se	enate State: _	FL
Calendar Year-To-Date Per Election for Office Sought		58599.51	Disburseme	ent For: Other (specify)	,	General
L				Other (Speeliy)		
(a) SUBTOTAL of Itemized Independent I	Expenditures		•	-7-	2350.0	00
(b) SUBTOTAL of Unitemized Independen	nt Expenditures					
4 N ===== 11.						_
(c) TOTAL Independent Expenditures			·· •	7		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Edwards, Michael, , ,	[Flastron	ically Filed] Date	M M /	10	2016	
Signature	[Electron	Date Date	10	19	2016	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXPEND	HOILS		PAGE 5 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC	IDENTIFICATION NUMBER ▼
NEA Advocacy Fund			C	C00489815
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee			Date of Pul	blic Distribution/Dissemination
GBI Strategies			M M M 10	17 2016
Mailing Address 5809 Fifer Dr.			Amount	
City	State	Zip Code		7420.00
Alexandria	VA	22303		n ID: B632758 sbursement or Obligation
Purpose of Expenditure Canvass Expense		Category/ Type 004	10	17 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Clinton, Hillary, , ,		Oppose	✗ President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	.,.,	58599.51	Disbursement For: 2016 Other (Primary X General (specify) ▶
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
GBI Strategies			10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5809 Fifer Dr.			Amount	
City	State	Zip Code		21730.00
Alexandria	VA	22303		ID: B632759 sbursement or Obligation
Purpose of Expenditure Canvass Expense		Category/ Type 004	10	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		x Support	Office Sought:	House District:
Clinton, Hillary, , ,		Oppose	✗ President	Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		58599.51	Disbursement For 2016 Other	: Primary ✗ General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			29150.00
#X 01177771 (11 ii) 11 1 1 1 1 1 1 1				p 1 4p 1 4 4p 1
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·· •	7 7 7
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Edwards, Michael, , ,	[Electron	nically Filed] Date	9 10 19	
g				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 6 OF 7 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
NEA Advocacy Fund	C C00489815			
Check if 24-hour report 48-hour report New report Amends report file	ed on M = M / D = D / Y = Y = Y			
Full Name of Payee	Date of Public Distribution/Dissemination			
GBI Strategies	10 17 2016			
Mailing Address 5809 Fifer Dr.	Amount			
City State Zip Code	4240.00			
Alexandria VA 22303	Transaction ID : B632760 Date of Disbursement or Obligation			
Purpose of Expenditure Canvass Expense Category/ Type 004	10 17 2016			
Name of Federal Candidate Support Office	ce Sought: House District:			
Clinton, Hillary, , ,	President Senate State: PA			
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary ★ General Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
GBI Strategies	10 17 2016			
Mailing Address 5809 Fifer Dr.	Amount			
City State Zip Code	6890.00			
Alexandria VA 22303	Transaction ID : B632761 Date of Disbursement or Obligation			
Purpose of Expenditure Canvass Expense Category/ Type 004	10 / 17 / 2016			
Name of Federal Candidate Support Offi	ce Sought: House District:			
Clinton, Hillary, , ,	President Senate State: FL			
Calendar Year-To-Date Per Election for Office Sought Disi 201	bursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	11130.00			
(-)	11130.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Edwards, Michael, , , [Electronically Filed] Date	10 19 2016			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 7 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
NEA Advocacy Fund	C C00489815
	0 000100010
Check if 24-hour report 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
GBI Strategies	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5809 Fifer Dr.	Amount
City State Zip Code	21730.00
Alexandria VA 22303	Transaction ID : B632766
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Canvass Expense Type 004	10 17 2016
	Sought: House District:
Strickland, Ted, , ,	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disbur 22905.00 2016	rsement For: Primary Seneral
Tel Election for Office Sought	Other (specify) ▶
Full Name of Payee Mission Control Inc.	Date of Public Distribution/Dissemination
	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 624 Hebron Ave., Bldg #	Amount
City State Zip Code	1175.00
	Transaction ID : B632763
Purpose of Evpenditure	Date of Disbursement or Obligation
Printing and shipping of handbill Category/ Type 004	10 17 2016
	Sought: House District:
Strickland, Ted, , , Oppose	President Senate State: OH
Calcinati Teal Te Bate	rsement For: Primary General
Per Election for Office Sought 22905.00	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	22905.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	81504.51
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Edwards, Michael, , , [Electronically Filed] Date 10	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	